

# **Appendix A**

\*12345Σ78\*

[DATE]

Firm ID: [FID NUMBER]

NAME  
ADDRESS  
CITY, STATE ZIP  
UNITED STATES OF AMERICA

**AUDIT SURVEY REQUIRED BY CLOSING ORDER 4**

1. Do you have uncashed claimant payment check(s) in your or your law firm's possession?  
 NO, neither my firm nor I have any uncashed claimant payment checks.  
 YES, I (or my firm) have uncashed claimant settlement payment checks. These funds cannot be disbursed to claimants before the check(s) expire(s) (180 days from the date the check(s) was issued). I will return the check to the SF-DCT within 30 days.  
 YES, I have uncashed, unexpired claimant settlement check(s) and I will disburse the funds to the claimant(s) before the checks expire.
  
2. Do you have any funds from claimant payment checks that were cashed that you are holding in any account that you or your law firm maintain?  
 NO, there are no claimant funds in any of my or my law firms accounts.  
 YES, I do have claimant funds in my or my law firm's accounts that have not been distributed to the claimant(s) and cannot be disbursed. I will return the exact amount of the check issued by SF-DCT within 30 days. I understand that I may file a lien for outstanding allowable expenses and fees.  
 YES, I have claimant funds that I will distribute to the appropriate claimant(s) within the next 30 days.
  
3. Were any claimant funds escheated to a state entity?  
 NO, no claimant payments were escheated to a state entity.  
 YES, one or more claimant settlement payments were escheated. I will provide to the SF-DCT within 30 days the claimant(s) name, SID number, the amount and date the funds were escheated and to whom. I will seek to recover those funds and return them to the SF-DCT, and I will report the status of my recovery actions within 45 days.

**Pursuant to 28 U.S.C. Section 1746, I declare and state under penalty of perjury that the above information is true and accurate.**

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Attorney of Record/  
Legal Representative of AOR or Law Firm  
Address  
Email Address/ Phone number

**RETURN FUNDS TO:**  
**SF-DCT**  
**P.O. BOX 52429**  
**HOUSTON, TX 77052**

**QUESTIONS: (866) 874-6099**